



ANNEXURE V

F M C NETWORK UAE

P. O. BOX: 50430, DUBAI, Tel – 04 3871900, Fax – 04 3977842
Email – approval@fmchealthcare.ae Helpline Number: 600-565691

Medical Expenses Claim form

Date: 11-Aug-2025

Clinic Name: CITICARE MEDICAL CENTER LLC Emirates: 784-1982-9671195-9

Card Holder's Name: AHMAD BILAL MUMTAZ AHMAD Age: 43Y - 7M - 0D Sex: Male

Card Holder's Tel No: Mobile No: 0529225259

Ins Card No: I019-010-118066908-01 Valid Upto: 5/5/2026

Company FMC Standard Employee
Name: Network No: Nationality: Pakistani



Clinical Details: Temp 36.8 B.P. 150 Pulse. 72
Signs & Symptoms: risk for fall
Date of Onset Illness : ☐ Emergency ☐ Work related ☐ New visit ☐ Follow
Diagnosis: E78.49 - Other hyperlipidemia, R11.2 - Nausea with vomiting, unspecified, R51.9 - Headache, unspecified, E86.0 - C

Management plan (Services inside the clinic including injections and investigations)

82465, ASSAY BLD/SERUM CHOLESTEROL , Lab, 0005-149902-1021, CLOFEN -(DICLOFENAC SODIUM : 75 MG/3ML) SOLUTION INJECTION , Pharmacy, 0005-150403-1021, PREMOSAN -(METOCLOPRAMIDE : 10 MG/2ML) SOLUTION FOR INJECTION , Pharm 207801-1002, LACTATED RINGER'S & DEXTROSE USP (CALCIUM CHLORIDE : N/A) (DEXTROSE : N/A) (POTASSIUM CHLORIDE : N/A) (SODIUM LACTATE : N/A) SOLUTION FOR INFUSION SOLUTION FOR INFUSION (500ML, BOTTLE) THER/PROPH/DIAG INJ SC/IM , Co. Pay, 96360, HYDRATION IV INFUSION INIT , Co. Pay, 9, Consultation Gp , Gen

Doctor's Name: KEERTHANA

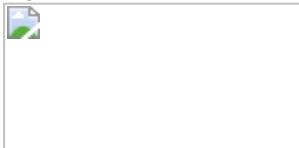
signature with seal:



Diagnostic Procedures referred outside:

I hereby authorize the physician, Hospital or pharmacy to file a claim for medical services on my behalf and I confirm that the mentioned examination/Investigation/therapy is given to me by the doctor. I hereby authorize any Clinic, Physician, Pharmacy person who has provided medical services to me to furnish any and all information with regard to any medical history, medical services and copies of all medical and Clinic records.

Signature of the Patient



Date 11-Aug-2025

Pharmaceuticals (to be filled by treating doctor only)

Medicine	Dose	Duration	Quantity
(NAPROXEN : 500 MG) TABLETS	TABLETS (20S, BLISTER PACK)	3	6